PUBLIC HEALTH LABORATORIES

29 Hazen Drive, Concord, NH 03301-6504 1-866-273-6453 (West Nile Virus Toll Free #)

WEST NILE VIRUS INTAKE FORM BIRD SPECIMEN

	FOR DPHS USE ONLY
This Information Form must be taped to <u>outside</u> of container.	DATE
Keep bird cold at all times. Corvids (crows, bluejays) will be given priority for testing.	TIME RECEIVED BY:
Corvius (crows, bluejays) will be given priority for testing.	INCOCIVED BY.
DATE OF COLLECTION OF BIRD:	FOR PHL USE ONLY
	LAB NO.
PROVIDE DETAILED INFORMATION ABOUT WHERE BIRD WAS FO	UND:
Address or intersection:	
Town:	
PIPD WAS: Found dood Other (Places describe)	
BIRD WAS: Found dead Other (Please describe)	
DID YOU OBSERVE BIRD'S DEATH? Yes No	
DATE AND TIME BIRD FIRST OBSERVED DEAD:	
WAS THERE ANY OBVIOUS CAUSE OF DEATH? Yes Describe	
HAS BIRD BEEN FROZEN? ☐ Yes ☐ No DATE	FROZEN:
BIRD SPECIES OR DESCRIPTION OF BIRD:	
PERSON / AGENCY REQUESTING TESTING:	
Last Name: First Name:	Phone:
Facility/Agency: Address:	
City/town:	
TRANSPORTER (IF DIFFERENT FROM REQUESTER):	
Facility/Agency:	
Last Name First Name:	Phone:
** In the event the bird tests positive, the Health Officer will be notif	fied